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CONFIRMATION NO. 1520

SERIAL NUMBER 10/693,042	FILING OR 371(c) DATE 10/24/2003 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO.	
APPLICANTS Nurit Kalderon, New York, NY; <i>OK, SLW</i>					
** CONTINUING DATA ***** This appln claims benefit of 60/421,103 10/24/2002 <i>OK, SLW</i>					
** FOREIGN APPLICATIONS ***** <i>None</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/23/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 4
ADDRESS Dr. NURIT KALDERON APT. 6J 30 RIVER ROAD NEW YORK, NY10044					
TITLE Beta interferon for the treatment of chronic spinal cord injury					
FILING FEE RECEIVED 861	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		